

Public Health Improvement Partnership

Workplan Summary



January 2006

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Washington State's PHIP Partners

The Washington State Association of Local Public Health Officials (WSALPHO) is an organization that represents the 35 local health departments and districts in Washington State, each of which is an office of county government (department) or authorized by the county as an independent agency (district). These agencies provide a broad range of services including communicable disease protection, tracking of health problems or issues facing a community, health promotion, maternal-child support services, protection of food and drinking water safety, and other environmental and sanitation services.

The State Department of Health maintains close working relationships with the local public health agencies, including the Partnership and many other activities that support the delivery of public health services throughout the state. Through contracts, DOH passes along state and federal funds to local health jurisdictions. The Department delivers some services directly and develops rules (Washington Administrative Code – WAC) for some aspects of the state code.

The State Board of Health, with the members appointed by the Governor, considers health policy issues and adopts rules for some portions of the WAC.

The University of Washington School of Public Health and Community Medicine includes the Northwest Center for Public Health Practice. The Center provides training and other workforce support services for six states, including Washington.

The Washington Health Foundation is a non-profit organization that seeks to enhance the health of people in Washington through various initiatives and services.

In addition, membership in the Partnership has been requested from the American Indian Health Commission.

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PHIP 2005-07 Workplan Summary

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To join a PHIP committee:

- Decide on your areas of interest
- Determine that you have the time needed to attend meetings and read materials
- Complete the PHIP interest form available at the PHIP website:
www.doh.wa.gov/hip/main/com.htm
- Submit the form to DOH

What is the Vision for Public Health?

Washington State's public health partners envision a public health system that promotes good health and provides improved protection from illness and injury for people in Washington State.

To help realize that goal, the public health system is committed to:

- Focus resources effectively, define and monitor outcomes for key public health issues and trends, and emphasize evidence-based strategies
- Maintain a results-based accountability system with meaningful performance measures and program evaluation
- Use a method of funding across the public health system that is stable, sufficient, and equitable
- Use standard technology across the public health system
- Maintain a workforce that is well-trained for current public health challenges and has access to continuous professional development
- Facilitate discussions about health care access and delivery issues from the perspective of community systems, where the experiences of patients, providers, purchasers, and payers are considered important components
- Apply communication strategies that are effective and foster greater public involvement in achieving public health goals
- Establish new coalitions and alliances - among stakeholders, policy makers, and leaders - that support the mission of public health

Background on PHIP

The Public Health Improvement Plan is required by RCW 43.70.520 and 43.70.580. A specific PHIP – the “Plan” – is published every two years as required by these laws. The Plan is written through a partnership among public health leaders in Washington, so PHIP is frequently referred to as the “Partnership.” The next plan should be published in December 2006.

The Public Health Improvement Plan Partnership has a workplan with specific goals, objectives, and timelines. The Partnership guides the development of Washington’s public health system based on a shared vision.

What does PHIP “Do”?

We believe an improved public health system makes a difference in the health of communities. The PHIP Partnership helps us set and accomplish goals that none of us could do alone. By working toward a shared vision, we have the opportunity to create the type of public health system we want for the future. By doing the work through committees, we can share the workload and ensure that many people’s perspectives are incorporated.

In recent years, this Partnership has produced the *Public Health Improvement Plan* (PHIP), the *Report Card for Health*, a workforce survey called “*Everybody Counts*,” white papers on public health financing, documents on health care access issues, a toolkit for communicating about public health, and *Standards for Public Health in Washington State*. All of these documents and more can be viewed on our website at: www.doh.wa.gov/phip

The PHIP Partnership is an example of how collaboration across agencies with related goals can bring about system-wide change by working to improve quality, increase efficiency, and jointly tackle common problems. It is a model that could work well in other sectors.

PHIP Committees

There has been a PHIP committee for each element of the vision statement. In 2005-07, the emphasis will be on linking the work of various committees, where needed, through joint workgroups. Committees include:

- Performance Management
- Workforce Development
- Key Health Indicators
- Public Health Information Technology
- Finance
- Access to Health Services
- Communications

Who is involved?

On a two-year cycle, the PHIP partners develop a workplan and form committees to achieve the specific objectives set for the biennium. Committee members include representatives of the partners as well as other groups. Over the course of a biennium 200 or more people may participate. Committees are co-chaired by two different partners.

PHIP Directors

Oversight for the PHIP workplan and budget rests with the PHIP directors. These include representatives of all the partners. For DOH, it includes members of the Senior Management Team. For WSALPHO, it includes the Board of Directors (including all officers of the three component forums.)

PHIP Steering Committee

Ongoing oversight of the workplan through the year rests with the Steering Committee. This includes all committee co-chairs. They meet primarily by phone on a monthly or bi-monthly basis to ensure activities are coordinated and to check on progress. Co-chairs provide the overall leadership for each committee effort and direct the work. They read and review materials, develop and approve agendas, and plan the course of work to be performed. They rely on staff to carry out the general functions and the detail work that must be done to support the committee.

PHIP Committee Members

Committee members come from all the partner groups and from other groups as well. Members bring the ideas and experience needed to guide the work, and they represent many different perspectives. Anyone can join the committees if they are able to attend regularly and have a strong interest in the work to be done.

Meetings of committees average about one meeting every two months, but it varies. Some committees meet in person, usually from about 10 am to 3 pm for one day. Others meet by phone for much shorter periods. Some meet using a computer-based plus audio conference system.

Joint Workgroups: Coordination across Committees

During 2005-07, many of the PHIP committees will have work that is coordinated across committees using joint workgroups. A member may belong to the regular committee or join only the joint workgroup, depending on interest.

PHIP Staff

Staff provides part-time support to PHIP. They meet approximately monthly as a group to coordinate activities. They meet much more often as the PHIP report is written. Staff members perform the following duties:

- maintain routine contact with co-chairs
- draft committee communications and transmit when approved
- contact members as needed and respond to requests
- perform research and writing on topic
- draft meeting agendas, develop meeting materials
- attend meetings and keep minutes, do follow up
- have material posted to web page
- develop and administer contracts
- maintain communication with contractors and
- manage budget and report on spending

PHIP Coordination

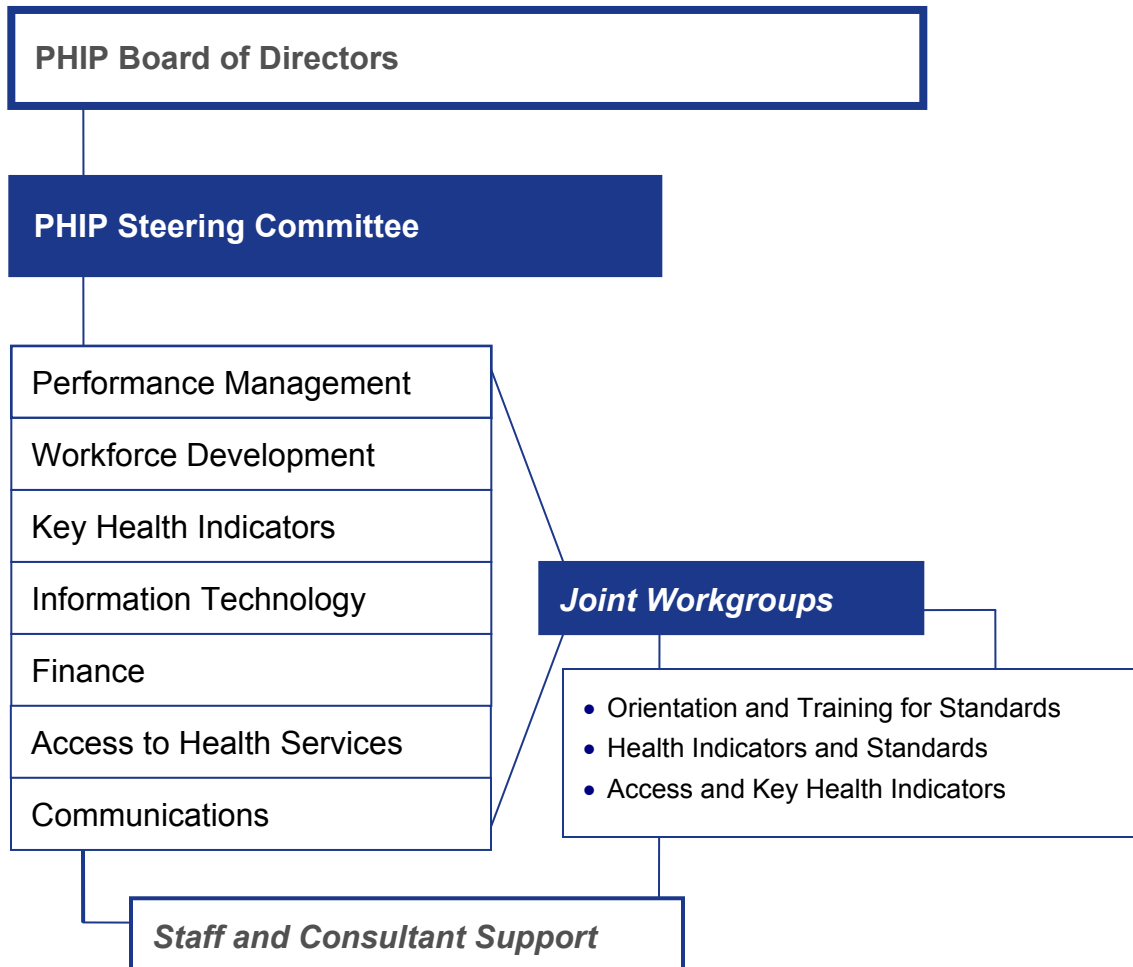
Coordination and accounting are done by DOH staff. The effort requires scheduling, planning, logistics, and meals for approximately 75 off-site, usually day-long, meetings in a PHIP cycle, and many more phone conferences. Approximately 10-15 contracts are initiated, with frequent amendments.

PHIP Consultants

PHIP consultants are selected in a competitive process except when a sole source agreement is justified. They provide guidance, conduct research and write materials, attend meetings, and perform follow-up as required by the statement of work for their responsibility.

PHIP Organization

This chart shows how various components of PHIP work together. All partner organizations and many other groups are encouraged to have members join committees and joint workgroups.



PHIP Committee Workplans for 2005-07

Performance Management Committee

(Formerly known as the “Standards Committee”)

The Performance Management Committee develops and administers tools the public health system can use to demonstrate how well the system works and to identify where performance can be improved or where resources are needed in order to have a predictable level of public health services statewide.

Questions that guide their work include:

- How can we best provide accountability for public health services?
- What are areas where public health can improve its service?
- What is needed for that to happen?
- What is the best way to measure performance across many agencies?

For 2005-07, the committee will work on the following objectives. Items in *blue/italics* will include a joint workgroup with another committee.

Objective	Description
Select top priorities for system-wide improvement	Based on the 2005 standards measurement process, select the top few areas where we can concentrate on making improvements system-wide.
Refine measures and improve standards	Use the results of the 2005 study to improve the way we measure performance.
Set environmental health program measures	Develop program-specific measures for some programs in environmental health, adding to or improving the measures we use to measure performance.
Adopt MCH logic models	Develop a common approach to Maternal-Child Health (MCH) programs so that measurement of performance can be done consistently across many jurisdictions.
Establish a collaborative to work on priority areas for change	Create a common experience for state and local public health offices working on a single area for improved performance, sharing what they learn and adapting ideas.

<i>Evaluate health indicators for use along with standards</i> (Joint with Key Health Indicators Committee)	Select a list of health indicators that can be used in conjunction with standards to view health trends of public health concern and differences among communities.
<i>Learning opportunities on top priority areas</i> (Joint with Workforce Development Committee)	Develop training and other learning opportunities that help increase skills and knowledge in the areas selected as system priorities by the PHIP directors based on the 2005 standards measurement results. Include or add training on establishing program goals and objectives.
<i>Orientation to standards work, on-line and other</i> (Joint with Workforce Development Committee)	Provide an on-line orientation to the standards and related efforts.

Workforce Development Committee

The Workforce Development Committee has focused on issues that affect the public health workforce. Questions that guide their work include:

- How can we recruit and retain the best public health workforce?
- What are the greatest training needs for people at work today?
- How can we best equip our workforce for the future?

The workplan for the coming cycle is still being finalized because it is in part dependent on priorities selected by the PHIP directors. They will work on the following objectives. Items in ***blue/italics*** will include a joint workgroup with another committee.

Objective	Description
Recruitment and retention	Study and describe recruitment and retention issues. Develop recommended strategies. Examples: A BA degree for public health; examine Council on Linkages strategies.

<i>Create learning opportunities on top priority areas</i> (Joint with Performance Management Committee)	Develop training and other learning opportunities that help increase skills and knowledge in the areas selected as system priorities by the PHIP directors based on the 2005 standards measurement results.
Develop “PH 101” resources	Examine available materials and consider what modules would be helpful in Washington and how they can best be delivered.
<i>Orientation to standards work, on-line and other</i> (Joint with Performance Management Committee)	Provide an on-line orientation to the standards and related efforts.
Monitor implementation of Learning Management System (LMS)	Receive reports from LMS Advisory Committee and monitor use of LMS system-wide.

Key Health Indicators Committee

The Key Health Indicators Committee focuses on the type of health information that is needed to make informed decisions on health policy and public health investments.

The questions that guide the committee’s work include:

- What are the best health assessment tools for public health?
- What indicators should we routinely track at a local county level?
- How healthy are we — and how can we maintain the most consistent picture of health?

Items in ***blue/italics*** will include a joint workgroup with another committee.

Objective	Description
<i>Evaluate indicators for use along with standards</i> (Joint with Performance Management Committee)	Evaluate a list of health indicators that can be used in conjunction with standards to determine health trends of concern and differences among communities.

Support local community health assessment	Work toward increasing county level data (as for indicators), determine needed data sets, and consider training needs.
Decide on report card updates	Evaluate the recently published report card and decide how often it should be updated.
<i>Evaluate access indicators</i> (Joint with Access to Health Services Committee)	Select indicators that support work of the Access to Health Services Committee. What information can be collected that helps signal a problem with access to needed health services?
<i>Study local needs for assessment technology tools</i> (Joint with PHIT Committee)	Determine the best ways to support local community health assessment, including what technology tools are needed.

Access to Health Services Committee

Access to health services is influenced by many factors, and the level of access varies from one community to the next. Local health departments are often in a key leadership role to address health access problems from a community perspective. The Access to Health Services Committee has focused on what is known about whether or not people have access to health services and what can be done to improve access. This committee will link its work to the Key Health Indicators Committee as well as the Performance Management (Standards) Committee.

Questions that guide the work of this committee include:

- How easily can people obtain access to health services in a community?
- What strategies do health departments follow to assess and address access issues?
- What seems to be most effective?

Items in ***blue/italics*** will include a joint workgroup with another committee.

Objective	Description
Collect models of community access projects	Use a standard template developed by the committee to document strategies that are being used in many communities to increase access.

Evaluate access indicators (Joint with Key Health Indicators Committee)	Select indicators that support work of the Access to Health Services Committee. What information can be collected that helps signal a problem with access to needed health services?
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Public Health Information Technology Committee

Public health work is increasingly dependent on technology; examples include health indicator data systems, surveillance systems to flag emerging problems, transmitting laboratory results, and producing electronic birth and death certificates. Most workers use personal computers or other technology to carry out daily tasks. Items in *blue/italics* will include a joint workgroup with another committee.

Objective	Description
Policy recommendations for oversight entity	Evaluate options for overseeing or coordinating the technology resources in public health. What type of entity could bridge many governments with different resource levels and enable some system-wide standardization? Internal to DOH, incorporate WEDSS and LMS work in PHIT.
Study local needs assessment for technology tools (Joint with Key Health Indicators Committee)	Determine the best ways to support local community health assessment, including what technology tools software is needed.
Increase informatics skills in workplace	This effort may link with performance measurement and workforce work. This may involve a consultant. The objective would be to get needed information technology skills into the workforce.
Best IT practices recommendations	This would involve a consultant. It would help local health jurisdictions identify what is working best in the field today and possibly outline standard or desired hardware, or applications. Ideas guidelines sheets, group purchase options if savings can be realized.

Finance Committee

The Finance Committee has met in recent years to study and describe financing issues and to formulate recommendations to improve the financing of public health. That work is currently under consideration by the legislature. During 2005-07, the committee will have limited activity, focusing on ways to implement recommendations about allocations of funds.

Objective	Description
Review funding allocation	The commitment to review allocations decisions made in previous years will continue using the process recommended by the Finance Committee in 2004.

Communications Committee

The Communications Committee has studied how well public health is understood by people and how people value the services of public health agencies. They have learned that people place high value on those services, but have limited understanding of how public health is organized and what is needed to support public health improvements. Increased public understanding about public health issues is an important component of health improvement efforts sought through health policy or law, community initiatives, or specific services.

The Communications Committee has developed common materials for use in describing public health in order to increase understanding of what services public health agencies provide and how public health affects the health of people and communities.

All PHIP committees use the work of the Communications Committee to improve the effectiveness of their products. Members of the Communications Committee will be sought as members of these groups or asked to consult.

Objective	Description
Assist in use of PHIP materials	Continue support of products developed to date. Support the infusion of communications knowledge and materials into the work of all PHIP committees. Provide training or other assistance in use of materials.
Disseminate new materials	Develop and disseminate new products that promote understanding of public health. Focus on "point of service" applications for branding products targeting public health consumers.

Workplan Summary Matrix

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PHIP Objectives for 2005–07

Bolded Boxes: Objectives for committee

Committee	Performance	Workforce
Performance	<ul style="list-style-type: none"> • Select top priorities for system-wide improvement • Refine measures and improve standards • Set EH program measures • Adopt MCH logic models • Establish collaborative on priority areas 	
Workforce	<ul style="list-style-type: none"> • <i>Learning opportunities on top priority areas</i> • <i>Orientation to standards work, on-line and other</i> 	<ul style="list-style-type: none"> • Recruitment and retention • Monitor implementation of LMS
Indicators	<ul style="list-style-type: none"> • <i>Evaluate health indicators for use along with standards</i> 	
Access		
PHIT		
Finance		
Communications	Assist in use of PHIP materials	

Italics: Joint work of committees

Indicators	Access	PHIT	Finance
<ul style="list-style-type: none"> • Support local community health assessment • Decide on report card updates 			
<ul style="list-style-type: none"> • <i>Evaluate access indicators</i> 	<ul style="list-style-type: none"> • Collect models of community access projects 		
<ul style="list-style-type: none"> • <i>Study local needs assessment for technology tools</i> 		<ul style="list-style-type: none"> • Policy recommendations for oversight entity • Increase informatics skills in workplace • Best IT practices recommendations 	
			<ul style="list-style-type: none"> • Review funding allocation
Disseminate new materials			

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Web and Other Resources

PHIP Website

www.doh.wa.gov/hip

2004 PHIP Report

www.doh.wa.gov/hip/PHIP2004.htm

PHIP Committee Interest Form

www.doh.wa.gov/hip/main/com.htm

Standards for Public Health

www.doh.wa.gov/hip/standards_for_public_Health_in_washington_state.htm

Report Card on Washington's Health

www.doh.wa.gov/hip/reportcard/default.htm

Everybody Counts

www.doh.wa.gov/hip/communications/tools/survey/everybodycounts

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